

Membership application form

The Law Society of Ireland Hybrid Pension Arrangement

Consisting of The Law Society of Ireland Pension and Life Assurance Scheme (DB Scheme) & The Law Society of Ireland Defined Contribution Plan (DC Plan)

If you are a *Hybrid Member* you must complete this form to confirm your membership of the DB Scheme and DC Plan and to notify the Trustees of the DC Plan of your investment choices. Please use black ink and **BLOCK CAPITALS** throughout. You should return this form to the Department of Human Resources.

Your personal details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>			Forename	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>				
Daytime telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
PPS number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="text"/>		

Your investment choices (applies to contributions to DC Plan)

I would like all regular contributions on my behalf to be invested as follows: (please tick A or B)

A Lifestyle Option (Passive IRIS)

OR

B Personal choice option (please indicate your investment choice below)

Fund		Proportion
Multi Asset Fund	(New Ireland Pension Passive Multi-Asset Fund)	<input type="text"/> %
Equity Fund	(New Ireland Indexed All Equity Fund)	<input type="text"/> %
Fixed Interest/Bond Fund	(New Ireland Indexed Eurozone Long Bond Fund)	<input type="text"/> %
Cash Fund	(New Ireland Pension Cash Fund)	<input type="text"/> %
Total		100%

In the absence of an investment decision your contributions will be invested in the default fund.

Your contributions to the Plan

Additional voluntary contributions (AVCs) are any contributions made by you. You can change the rate of contributions by advising the Department of Human Resources, subject to Revenue limits.

AVCs may be made in multiples of 1% of *Salary* and will be deducted from your *Salary* before tax. The booklets outlines the maximum that you may contribute to the plan (in addition to any employer contributions). Your total contributions to the DC Plan will be invested according to the instructions overleaf.

I wish to make additional voluntary contributions of % of my *Salary*.

Your declaration

Are you entitled to pension benefits under any pension Plan in respect of service with a previous employer?

Yes If yes, please supply details No

I authorise you to deduct the relevant employee pension contributions from my *Salary*. I also authorise you to invest my contribution to the DC Plan and any contributions paid by the *Society* on my behalf to the DC Plan according to the instructions detailed on this form.

The *Society* and Trustees will treat all information concerning you and your *Dependants* as confidential. It may be used for *Society*, DB Scheme and DC Plan purposes. The persons to whom the data may be disclosed will include administrators, auditors, professional advisers, insurance companies and other organisations in connection with the administration of the DB Scheme, DC Plan and the business of the *Society*.

Signature

Date

A copy of your completed form is available from the Department of Human Resources on request.

Employer information (to be completed by employer only)

Please sign and date this form prior to returning to Mercer (Ireland) Limited and complete the additional information if necessary.

Annual Salary

Date joined *Society*

Occupation of employee

Employee number

Date joined Plan

Part time hours (if applicable)

Part time hours as a % of full-time working week

Location

Plan

Additional information (if applicable)

Signature (on behalf of *Society*)

Date

Name (BLOCK CAPITALS)

Contact telephone number